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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	
Filing Date	June 26, 2006
First Named Inventor	Johannes GESER
Title	METHOD AND DEVICE FOR FILLING THE DOSING CHAMBER OF AN INHALER FOR THE ELIQUIS TIME
Art Unit	To be assigned
Examiner Name	To be assigned
Attorney Docket Number	1/1615-NS

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

28501

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

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☐ Firm or Individual Name

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State

Zip

Country

Telephone

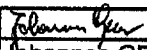
Email

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/98)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	August 1, 2006
Name	Johannes GESER	Telephone	(203) 798-9988
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 3 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**POWER OF ATTORNEY
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Application Number	PCT/EP 2004/014726
Filing Date	December 27, 2004
First Named Inventor	Johannes GESER
Title	METHOD AND DEVICE FOR FILLING THE COOKING CHAMBER OF AN INSULATOR FOR THE FIRST TIME
Art Unit	To be assigned
Examiner Name	To be assigned
Attorney Docket Number	1/1615-NS

I hereby revoke all previous powers of attorney given in the above-identified application.

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Address

City

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I am the:

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Georg BOECK</i>	Date	<i>July 21, 2006</i>
Name	Georg BOECK	Telephone	(203) 798-9988
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 3 forms are submitted.

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Art Unit	To be assigned
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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Michael Spallek</i>	Date	Aug-01-2006
Name	Michael SPALLEK	Telephone	(203) 798-9988
Title and Company			

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